

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

KATCHO FOR CONGRESS

ADDRESS (number and street)

2150 RIVER PLAZA DR. #150

Check if different
than previously
reported. (ACC)

SACRAMENTO

CA

95833

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00575886

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

CA

24

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 01 / 2016

through

M M / D D / Y Y Y Y
09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

BAUER, DAVID, , ,

Type or Print Name of Treasurer

Signature of Treasurer

BAUER, DAVID, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 14

Write or Type Committee Name
KATCHO FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	800.00	828927.32
(b) Total Contribution Refunds (from Line 20(d))	300.00	40405.15
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	500.00	788522.17
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1936.75	824268.28
(b) Total Offsets to Operating Expenditures (from Line 14)	9171.63	23282.98
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	-7234.88	800985.30
8. Cash on Hand at Close of Reporting Period (from Line 27)	3526.87	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	16000.00	

For further information contact:

Federal Election Commission
 999 E Street, NW
 Washington, DC 20463

Toll Free 800-424-9530
 Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 14

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

KATCHO FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

I. RECEIPTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

800.00

712793.79

(ii) Unitemized.....

0.00

72514.53

(iii) TOTAL of contributions from individuals

800.00

785308.32

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs)

0.00

43619.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

800.00

828927.32

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

41000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

41000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

9171.63

23282.98

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....

9971.63

893210.30

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1936.75	824268.28
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	14000.00	25000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	14000.00	25000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	300.00	40405.15
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	300.00	40405.15
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	16236.75	889673.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9791.99
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9971.63
25. SUBTOTAL (add Line 23 and Line 24).....	19763.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16236.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3526.87

FOR LINE NUMBER:
(check only one)

X	11a		11b		11c		11d		
	12		13a		13b		14		15

NAME OF COMMITTEE (In Full)
KATCHO FOR CONGRESS

FEC Schedule A (Form 3) (Revised 05/2016)

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID : INCA2832

DEBT RETIREMENT

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 14

☐ 11a ☐ 11b ☐ 11c ☒ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
KATCHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SANTA BARBARA COUNTY ELECTIONS

Mailing Address 4440-A CALLE REAL

City State Zip Code
 SANTA BARBARA CA 93110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6703.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 11 2016

Transaction ID : INCA2819

Amount of Each Receipt this Period

6703.04

☐ Memo Item
 REFUND OF OVERPAYMENT

B. Full Name (Last, First, Middle Initial)
SAN LUIS OBISPO COUNTY ELECTIONS

Mailing Address 1055 MONTEREY ST. #D-120

City State Zip Code
 SAN LUIS OBISPO CA 93308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1495.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 15 2016

Transaction ID : INCA2824

Amount of Each Receipt this Period

1495.46

☐ Memo Item
 REFUND OF OVERPAYMENT

C. Full Name (Last, First, Middle Initial)
U. S. POSTAL SVC.

Mailing Address 160 STATION WAY

City State Zip Code
 ARROYO GRANDE CA 93420

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

436.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 02 2016

Transaction ID : INCA2835

Amount of Each Receipt this Period

436.28

☐ Memo Item
 REFUND OF UNUSED DEPOSIT

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8634.78

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 14

☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KATCHO FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MERIDIAN PACIFIC, INC.
Mailing Address 925 UNIVERSITY AVE.

City State Zip Code
SACRAMENTO CA 95825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

281.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 09 2016

Transaction ID : INCA2845

Amount of Each Receipt this Period

281.00

☐ Memo Item
MEDIA REFUNDS

B. Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

281.00

8915.78

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

KATCHO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EFUNDRAISING CONNECTIONS

Mailing Address 2131 CAPITOL AVE. #306

City
SacramentoState
CAZip Code
95816Purpose of Disbursement
MERCHANT FEE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	18	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

3.75

Transaction ID : EXPB2825

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MERIDIAN PACIFIC, INC.

Mailing Address 925 UNIVERSITY AVE.

City
SACRAMENTOState
CAZip Code
95825Purpose of Disbursement
STAFF SERVICES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	21	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : EXPB2830

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHASE CARD SERVICES

Mailing Address P. O. BOX 94014

City
PALATINEState
ILZip Code
60094Purpose of Disbursement
CREDIT CARD PAYMENT

004

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	22	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

400.00

Transaction ID : EXPB2833

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1903.75

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KATCHO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SANTA BARBARA SENTINEL

Mailing Address 133 E. DE LA GUERRA ST. #182

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2016

City
SANTA BARBARAState
CAZip Code
93101Purpose of Disbursement
NEWSPAPER AD

004

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

400.00

Transaction ID : EDTB61EXPB2833

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼
☒ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

Purpose of Disbursement

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

--

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

Purpose of Disbursement

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

--

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

1903.75

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 14

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input checked="" type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KATCHO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ACHADJIAN, KHATCHIK, , ,

Mailing Address 222 GRAND AVE.

City
ARROYO GRANDEState
CAZip Code
93420

Purpose of Disbursement

Candidate Name

KHATCHIK ACHADJIAN, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 24

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

10000.00

Transaction ID : PAYB2821

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACHADJIAN, KHATCHIK, , ,

Mailing Address 222 GRAND AVE.

City
ARROYO GRANDEState
CAZip Code
93420

Purpose of Disbursement

Candidate Name

KHATCHIK ACHADJIAN, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 24

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : PAYB2837

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

14000.00

TOTAL This Period (last page this line number only).....▶

14000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 14

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

KATCHO FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. KARKAZIAN, ARA, , ,

Mailing Address 1776 W. BULLARD AVE.

City
FRESNOState
CAZip Code
93711Purpose of Disbursement
CHECK REVERSED BY BANK

010

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6					2016

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : EXPB2843

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

250.00

TOTAL This Period (last page this line number only).....▶

250.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 13 OF 14

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC159

KATCHO FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

ACHADJIAN, KHATCHIK, , ,

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
222 GRAND AVE.

City

ARROYO GRANDE

State

CA

ZIP Code

93420

☐ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

14000.00

Balance Outstanding at Close of This Period

16000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M

/ D 30 D

/ Y 2015 Y

M M

/ D D

/ Y 06/30/2015 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

16000.00

TOTALS This Period (last page in this line only).....▶

16000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : PAYC159

LOAN OF PERSONAL FUNDS

Form/Schedule:

Transaction ID: